

MULTIPLE DEPENDENT CLAIM  
DETAILED CALCULATION SHEET  
(CORRESPONDING TO FORM 10-675)

SERIAL NO. 076449  
FILING DATE 10-10-67  
APPLICANT(S)

CLAIMS

NUMBER AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
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TOTAL IND.	12		12	
TOTAL DEP.	12		12	
TOTAL CLAIMS	12		12	

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TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

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